BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001								1005/607					
CLAIMS AS FILED - PART I							SMA	LL E	NTITY		OTHER	THAN	
T	OTAL CLAIMO		(Column	1)	(Colu	(Column 2)		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS			2-2-				RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2 Jminus 20=		* 7		X\$	9=	18.0	ØΒ	X\$18=		
INDEPENDENT CLAIMS			9 minus 3 =		2		X4	2=	84,0) ၈၉	X84=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+140=		BFIU				
* If the difference in column 1 is less than zero, enter "0" in co						column 2			<u> </u>	OR	+280=		
						Joiumin 2	TO	TAL	4720	Ø R	TOTAL		
CLAIMS AS AMENDED - PART II							CM	A I I	CNTITY	0.0	OTHER		
		(Column 1) CLAIMS	100 B 10	(Colur		(Column 3)	T SIWI	ALL	ADDI-	OR 1	SMALL	,	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	 2=			X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.01=		
							+14	0=.		OR	+280=		
» <u> </u>							ADDIT.	OTAL FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)									_			
AMENDMENT B		CLAIMS REMAINING AFTER		HIGH NUM	BER	PRESENT	RA*	TC	ADDI- TIONAL		DATE	ADDI-	
		AMENDMENT		PREVIO PAID		EXTRA		· C	FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	_	
	Independent	*	Minus	***		=	X4:	2=:			X84=		
	FIRST PRESENTATION OF MU		JLTIPLE DEPENDENT		CLAIM					OR			
							+14	0=		OR	+280=		
							ADDIT.	OTAL FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING		HIGH NUM		PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT	4	PREVIO PAID		EXTRA	RAT	LE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$:	0-	1 44		X\$18=	FCC	
	Independent	*	Minus	***		=-				OR			
		NTATION OF MU	<u> </u>	PENDENT	CLAIM		X42	?=		OR	X84=		
+140= OR											+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											TOTAL		
***	If the "Highest Nu	mber Previously Pa ber Previously Pai	aid For" IN THI	S SPACE i	s less tha	n 3, enter "3."	ADDIT.		roprioto be	,	ADDIT. FEE	<u> </u>	
	ragnest wall	romously Pal	שוטו נוטומוטו	" in chaird	end is me	mynest number	เงนกล เก เก	ie app	viohiiaie 00)	CILI COL	umm ł.		